STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING					FORM 3 AMENDED REPORT			
APPLICATION FOR PERMIT TO DRILL					1. WELL NAME and NUMBER NBU 1022-03J3T			
2. TYPE OF WORK DRILL NEW WELL (REENTER P&A WELL (DEEPEN WELL (DEEPE					3. FIELD OR WILDCAT NATURAL BUTTES			
4. TYPE OF WELL Gas Well Coalbed Methane Well: NO					5. UNIT or COMMUNITIZATION AGREEMENT NAME NATURAL BUTTES			
6. NAME OF OPERATOR KERR-MCGEE OIL & GAS ONSHORE, L.P.					7. OPERATOR PHONE 720 929-6587			
8. ADDRESS OF OPERATOR P.O. Box 173779, Denver, CO, 80217					9. OPERATOR E-MAIL mary.mondragon@anadarko.com			
10. MINERAL LEASE NUMBER	11. MINERAL OWNERSHIP			12. SURFACE OWNERSHIP				
010 01191A			IAN 🗍 STATE (FEE (II)	FEDERAL INDIAN STATE FEE			
13. NAME OF SURFACE OWNER (if box 12 = 'fee')					14. SURFACE OWNER PHONE (if box 12 = 'fee')			
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')					16. SURFACE OWNER E-MAIL (if box 12 = 'fee')			
17. INDIAN ALLOTTEE OR TRIBE NAME		18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS			19. SLANT			
(if box 12 = 'INDIAN')			ommingling Applicat	ion) NO	VERTICAL DIRECTIONAL HORIZONTAL			
20. LOCATION OF WELL	FO	OTAGES	QTR-QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN	
LOCATION AT SURFACE	1456 FSL 2277 FEL		NWSE	3	10.0 S	22.0 E	S	
Top of Uppermost Producing Zone 1456 FS		SL 2277 FEL	NWSE	3	10.0 S	22.0 E	S	
At Total Depth	1456 FSL 2277 FEL		NWSE	3	10.0 S	22.0 E	S	
21. COUNTY UINTAH 22. DISTANCE TO NEARES 14			EAREST LEASE LIN 1456					
	25. DISTANCE TO NEAREST WELL IN SAME POOL (Applied For Drilling or Completed)			26. PROPOSED DEPTH MD: 8800 TVD: 8800				
27. ELEVATION - GROUND LEVEL 5219		28. BOND NUMBER WYB000291			29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE Permit #43-8496			
ATTACHMENTS								
VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES								
₩ WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER				COMPLETE DRILLING PLAN				
AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)				FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER				
DRILLED) DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY TOPOGRAPHICAL I					Р			
NAME Kathy Schneebeck-Dulnoan TITLE Staff Regular		E Staff Regulatory Analy	/st	PHONE 720 92	9-6007			
SIGNATURE DATE 05/21/2009			EMAIL Kathy.SchneebeckDulnoan@anadarko.com					
APPROVAL 43047504380000				Laggill				
				Permi	it Manager			

